

Case Number:	CM15-0164624		
Date Assigned:	09/10/2015	Date of Injury:	06/11/2014
Decision Date:	10/27/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old female who sustained an industrial injury on 06-11-2014 as a data entry clerk using a headset while typing. The injured worker was diagnosed with cervicgia, facet arthropathy of the cervical, thoracic or lumbar spine and cubital tunnel syndrome. According to the primary treating physician's progress report on July 2, 2015, the injured worker continues to experience pain in the neck, upper back, shoulder and hands. The injured worker rated her pain at 8 out of 10 with medications and 10 out of 10 on the pain scale without medications. The injured worker reported she is able to perform basic activities of daily living of bathing, brushing teeth, managing medications, shopping and dressing herself, however she is unable to cook, do laundry, garden or drive at this time. Examination of the cervical spine demonstrated tenderness to palpation of the cervical paraspinal muscles, the spinous processes and facet joints. Range of motion produced some pain with left lateral bending and marked pain with right lateral bending. The bilateral upper extremity revealed numbness in the 4th and 5th digits more on the right hand than left hand. Overall the deep tendon reflexes were symmetrical and sensation was intact. The bilateral lower extremities were intact with a normal gait. A urine drug screening was performed at the office visit. Prior treatments documented to date have included prior cervical spine epidural steroid injection (no date documented), cervical spine magnetic resonance imaging (MRI) performed on 06-24-2014 which reported an impression of mild multilevel cervical spondylosis and medications. Other surgical interventions or therapies were not addressed. Current medications were listed as Hydrocodone, Flexeril and Nabumetone. Treatment plan consists of repeating electrodiagnostic studies (no date of original study). On 08-

20-2015 the provider requested authorization for left medial branch block at C3-C4, C4-C5, C5-C6 and C6-C7 (Qty: 4), magnetic resonance imaging (MRI) of the cervical spine, bilateral upper extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies (repeat study without noted date or results of prior studies), Hydrocodone/Acetaminophen 10/325mg #90 and Relafen 750mg #60 with three refills. The Utilization Review determined the requests were not medically necessary however did modify the request for Hydrocodone/Acetaminophen 10/325mg #90 to Hydrocodone/Acetaminophen 10/325mg #45 on July 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left medial branch block at C3-C4, C4-C5, C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain (Acute & Chronic) / Facet joint diagnostic blocks (injections).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of joint injection for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), "No more than two joint levels are to be performed at one time. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at" 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period." Per the medical documentation submitted, this patient has been requested to receive treatment of 4 joint levels at C3-C4, C4-C5, C5-C6 and C6-C7. Additionally, there is no evidence of a formal plan to provide additional evidence based conservative care in addition to the patient's proposed facet therapy. Therefore, based on the submitted medical documentation, the request for left medial branch block at C3-C4, C4-C5, C5-C6 and C6-C7 is not-medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: The California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." Regarding this patient's case, this patient had an MRI performed 1 year ago in June 2014. The documentation provided does not suggest any significant change in symptoms. No new red flags are documented. No evidence of change in neurological dysfunction or tissue insult from the time of the patient's prior scan. Likewise, there is no documentation of a planned eminently invasive procedure. Therefore, based on the submitted medical documentation, the request for an MRI of the cervical spine is not-medically necessary.

Hydrocodone/Acetaminophen 10/325mg #90, 1/2-1 tab q 4H: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for hydrocodone/Tylenol 10/325mg is not-medically necessary..

Relafen 750mg #60 with three refills, 2 tabs daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Relafen prescription has not been established.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening." This patient has clinically obvious, mild sensory deficits in a cervical distribution on physical exam. Chronic cervicgia is diagnosed in the medical documentation. The patient has already had one set of electrodiagnostic studies performed. There is no indication that repeating these studies will improve this patient's functional status or that she has had a significant change in her clinical status since the prior studies were performed. Therefore, based on the submitted medical documentation, the request for right upper extremity EMG testing is not-medically necessary.

NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of chronic cervicgia. Per ODG, NCV is not indicated for the upper extremities based on this

patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. There is no medical documentation that repeat studies are supported by new injury or neurological deficits. Therefore, based on the submitted medical documentation, the request for left upper extremity nerve conduction studies is not-medically necessary. Upper extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. There is no medical documentation that repeat studies are supported by new injury or neurological deficits. Therefore, based on the submitted medical documentation, the request for right upper extremity nerve conduction studies is not-medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. This patient has clinically obvious, mild sensory deficits in a cervical distribution on physical exam. Chronic cervicgia is diagnosed in the medical documentation. The patient has already had one set of electrodiagnostic studies performed. There is no indication that repeating these studies will improve this patient's functional status or that she has had a significant change in her clinical status since the prior studies were performed. Therefore, based on the submitted medical documentation, the request for left upper extremity EMG testing is not-medically necessary.

NCS left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of chronic cervicgia. Per ODG, NCV is not indicated for the upper extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of

clinical fracture or traumatic nerve injury. There is no medical documentation that repeat studies are supported by new injury or neurological deficits. Therefore, based on the submitted medical documentation, the request for left upper extremity nerve conduction studies is not-medically necessary.